



COVENANT MICROFINANCE BANK LTD.

ACCOUNT REACTIVATION FORM

DATE:

d	d	m	m	y	y	y	y
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ACCOUNT NO:

--	--	--	--	--	--	--	--

BVN:.....

ACCOUNT NAME:.....

CONTACT ADDRESS:.....
.....
.....
.....

PHONE NO(S):.....

EMAIL ADDRESS:.....

REASON FOR DORMANCY: (Please tick as appropriate)

(A) RELOCATION. (B) PROXIMITY. (C) OUT OF TOWN

(D) SERVICE NOT SATISFACTORY.

(E) OTHERS (specify):.....

My/Our account has been without transaction for over 6 months, I/we however wish to resume normal transaction on the account henceforth. I/We also confirm that the above information above is correct.

AUTHORIZED SIGNATORY/DATE

AUTHORIZED SIGNATORY/DATE

FOR BANK USE ONLY

DOCUMENT RECEIVED

PASSPORT PHOTOGRAPH MEANS OF IDENTIFICATION UTILITY BILL

DOCUMENT WAIVED AUTHORIZED BY _____

Last Transaction Date:..... (NAME SIGNATURE & DATE).....

Treated by:..... Signature/Date:.....

Approved by:..... Signature/Date:.....

...Transforming Ordinary Individuals Into Creators Of Wealth.

KM 10, IDIROKO ROAD, CANaanLAND, PMB 1023 OTA, OGUN STATE, NIGERIA. TEL: 01-7936628
Website: covenantmfb.com. Email: info@covenantmfb.com



CMFB/PMC/001

PERSONAL ACCOUNT MANDATE CARD (CURRENT/SAVINGS ACCOUNT)

DATE D D M M Y Y Y Y

ACCOUNT NO

NAME

ADDRESS

PHONE NO

EMAIL

DATE OF BIRTH D D M M Y Y Y Y

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

TRUSTEE ACCOUNT

PASSPORT
PHOTO

MANDETE

SINGNATURE

CUSTOMER CARE OFFICER

OPERATIONS MANAGER



COVENANT MICROFINANCE BANK LTD

Canaan Land, Ota, Ogun State.

CUSTOMER ACCOUNT UPDATE FORM

Date D D M M Y Y Y Y

Type Of Account

Account Number

RELATIONSHIP: ACCOUNT OWNER (A) SIGNATORY (B) DIRECTOR ©

1. PERSONAL INFORMATION DATA

Surname		First Name		Middle Name	
Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Mother's Maiden Name		Spouse Name	Marital Status <input type="checkbox"/> M <input checked="" type="checkbox"/> S
Date of Birth			BVN		

2. CONTACT INFORMATION

Residential Address:					
Landmark:					
Postal Address:					
LGA		State of Origin		Nationality	
Phone (Home)		Office		Mobile	
E-mail Address				SMS Alert	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Occupation		Employer's Name			
Employer's Address:					

3. FORM OF IDENTIFICATION

National I.D.	Voters Card	International Passport	Drivers License	Others (Specify)
I.D. No	Place of Issuance	Date of Issuance	Expiry Date	

4. NEXT OF KIN INFORMATION

Name				
Address				
Relationship	Phone No			
Email:				

5. CERTIFICATION

I certify that the above particulars are true and correct

Customer's Signature	Date
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6. BANK OFFICIAL

Name	Signature	Date
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COVENANT MICROFINANCE BANK LTD

Canaan Land, Ota, Ogun State.

COVENANT MICROFINANCE BANK LIMITED CUSTOMER'S SMS ALERT DATA FORM

Branch _____

Date _____

[Customer's Data]

Account Name: _____

Address: _____

Email: _____

Contact phone no: _____

[Details of Account]

Account name

Account number

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

You will receive alerts for the following events:

- | | | |
|---------------------------------|-------------------------------------|-----------------------------------|
| a. Cheque lodgement outgoing | b. Cheque lodgement incoming | c. Withdrawals on savings account |
| d. Deposits on current accounts | e. Cleared cheques | f. Deposits to savings account |
| g. Returned cheques | h. Withdrawals from current account | |
| j. ATM Transactions | k. i-bank transfers | |

please state the mobile phone number(s) (Zain, Glo, MTN or 9mobile) you wish to be linked to these account(s):

Mobile no: _____ / _____

Email 1. _____

2. _____

PLEASE NOTE THAT EACH ALERT COSTS #5 (FIVE NAIRA) ONLY

Declaration:

I/We certify that details furnished in this Application are correct I/We hereby request covenant Microfinance Bank Ltd to activate the service offered by the Bank (as listed above) with respect to events/transactions/information relating to my/our account(s) stated above.

I/we authorize the Bank to debit my account for charges related to the alert facility as determined by the Bank from time to time.

Authorized Signature & Date

Authorized Signature & Date

Authorized & Signature Date

For Bank use only:

Verified by (Name, Signature & stamp): _____

Approved by (Name, Signature & Date): _____

Effected by (Name, Signature & Date): _____

[Signature]